COMPANY POLICE PROGRAM

Post OfficeDrawer 310, Raleigh, North Carolina 27602-0310 (919) 716-6470

Roy Cooper Attorney General



Vickie M. Huskey Company Police Administrator

APPLICATION FOR COMPANY POLICE OFFICER COMMISSION

The undersigned applicant hereby applies to the North Carolina Attorney General's Office for a Company Police Officer Commission under the provisions of Chapter 74- E of the North Carolina General Statutes and Title 12, Chapter 2I of the North Carolina Administrative Code. In support of said application, the undersigned makes the representations contained herein with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny certification, withhold renewal or suspend /revoke agency certification. The applicant understands that the Company Police Administrator may make inquiry and investigation concerning the applicant's character, record and background as deemed proper. Said applicant further agrees to furnish additional information as requested by the Company Police Administrator.

INSTRUCTIONS: Please TYPE or PRINT all information clearly. Attach all required documentation to the application and submit to the Company Police Administrator for review. Agency: __ Phone#: Name of Applicant: Applicant's Mailing Address: _____ Date of Birth: _____ Social Security Number: Driver's License Number: _____ Issuing State: _____ Position /Rank: _____ Full/Part -Time:_____ Applicant's Signature: _____ Date: ____ THE REQUIRED FEE FOR A COMPANY POLICE OFFICER COMMISSION IS \$100.00 AND MUST ACCOMPANY THE APPLICATION!! Fee is payable only by company check, certified check or money order made out to North Carolina Department of Justice. The Social Security Number is used to make a positive identification of application and/or law enforcement personnel. DISCLOSURE IS VOLUNTARY. However, failure to provide this information may result in a delay in the Date Received New Application _____ processing of application material and may Officer Fee result in inaccurate records being assigned to File Present Form CP-102 Check Number Officer Type _____ Revised 02/02 - VMH

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The following i	items must accompany this application	
	RANSFER APPLICANT:	* TRANSFER APPLICANT
1)	Medical History Statement (Form F-1) Medical Examination Report (Form F-2)	
	Personal History Statement (Form F-2)	Officers holding
4)	Background Investigation Form (Form F-8)	General
	Satisfactory proof of in-service firearms qualification (Form F-9)	Certification
6)	Authorization for Release of Records (CP-1)	
	Drug Screen Consent Form (CP-2)	
	Satisfactory proof of a negative drug screen	
	Application fee	
10)	Two recent 1" x 1-1/4" (non-Polaroid) close-up color photographs	
11)	Two completed fingerprint cards	
	Medical History Statement (Form F-1) Medical Examination Report (Form F-2) Personal History Statement (Form F-3) Review of Qualification Appraisal Interview (Form F-4) Background Investigation Form (Form F-8) Satisfactory proof of successful firearms qualification (Form F-9) Authorization for Release of Records (CP-1) Drug Screen Consent Form (CP-2) Satisfactory proof of a negative drug screen Psychological Screening Proof of satisfactory completion of a Criminal Justice Education and Tra Commission accredited basic law enforcement training course Proof of High School graduation or GED Application fee Two recent 1"x 1-1 /4" (non-Polaroid) close-up color photographs Two complete fingerprint cards Conditional Offer of Employment	* NEW APPLICANT Includes officers holding Probationary Certification
I, as an official representative of the appointing agency, do submit to the Company Police Administrator the above-named appointee as a candidate for Company Police Commission. The candidate meets or exceeds each of the minimum standards for employment and this agency has properly conducted the required employment procedures as established by the Attorney General and incorporated into G.S. 74E and 12 NCAC 2I. All documents necessary to insure compliance with the rules of the Code are being forwarded to the attention of the Company Police Administrator. The required documents are being retained in the personnel files of this agency and may be inspected at any reasonable time by representatives of the Company Police Program. I acknowledge that any omission, falsification, or misrepresentation of information or procedures, by either the candidate or this agency, throughout the employment, certification and/or commissioning process may result in certification and commissioning to be denied, suspended, or revoked by the Company Police Program at any time, now or later.		
Department I	Head Signature Date	

Form CP-102 Revised 02/02